

Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

11 CV 0694

All material filed in this Court is now available via the **INTERNET**. See **Pro Se Privacy Notice** for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: **NOTE:** If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed authorization. Only one plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. David A Marotta 11B0421

2. _____

-VS-

B. Full Name(s) of Defendant(s) **NOTE:** Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. H Bates RN

4. Saidin RN

2. K Tara RN

5. Cornwall Doctor

3. Dmyer RN

6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION **NOTE:** To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: David Marotta # 11B0421

Present Place of Confinement & Address: Franklin Correctional Facility

62 Bare Hill Road, P.O. BOX 10

Malone, New York 12952

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.Name of Defendant: Bates(If applicable) Official Position of Defendant: Nurse(If applicable) Defendant is Sued in Individual and/or ☒ Official CapacityAddress of Defendant: Groveland Correctional Facility
Route 36 Sonye, NY 14558Name of Defendant: Cornwall, Michael(If applicable) Official Position of Defendant: Head Nurse or Doctor(If applicable) Defendant is Sued in Individual and/or ☒ Official CapacityAddress of Defendant: Groveland Correctional Facility
Route 36 Sonye, NY 14558Name of Defendant: K-TARA(If applicable) Official Position of Defendant: Nurse(If applicable) Defendant is Sued in Individual and/or ☒ Official CapacityAddress of Defendant: Groveland Correctional Facility
Route 36 Sonye, NY 14558**4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT**

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
Yes ☒ No ☐

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): David A. Marotta 11B0421Defendant(s): Alstin et al

2. Court (if federal court, name the district; if state court, name the county): U.S. District

Court, Western District of New York, Buffalo, NY 14202

3. Docket or Index Number: 1:11-cv-~~111~~ 00691-HKS

4. Name of Judge to whom case was assigned: Hon David G. Garimar

5. The approximate date the action was filed: 8-11-2011

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

☐ plaintiff

☐ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes ☒ No ☐

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): Marotta

Defendant(s): Alstin et al

2. District Court: U.S. District Court, Western District of New York

3. Docket Number: 1:11-cv-00691-HKS

4. Name of District or Magistrate Judge to whom case was assigned: David G. Harima
Harimer

5. The approximate date the action was filed: 4/13/2012

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

- ☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- ☐ By court for failure to exhaust administrative remedies;
- ☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- ☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for

- ☐ plaintiff
- ☐ defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). **Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) March 10, 2012

defendant (give the **name and position held** of **each defendant** involved in this incident) Nurses and Doctor Bates Nurse Bates, Nurse Tara, Dmyer and Cornwall

did the following to me (briefly state what each defendant named above did): on March 10, 2012 I began having said problems and that you have the complaint and a handwritten document attached to the complaints and denial Medical care for stomach and intestinal problems. The reinjured left shoulder and neck and numbness in the inter Right arm and the for "Cruel and unusual punishment". And I still suffer today without the Proper Medical Care.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: to granting an Amended Complaint regarding claims against Medical staff

The relief I am seeking for this claim is (briefly state the relief sought): Is proper Medical care where I am not still suffering by seeing a real Doctor that treat as there owe And for pain and suffering

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? no Action

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? deny

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

A. SECOND CLAIM: On (date of the incident) _____

defendant (give the **name and position held** of **each defendant** involved in this incident) _____

did the following to me (briefly state what each defendant named above did): _____

The constitutional basis for this claim under 42 U.S.C. § 1983 is: _____

The relief I am seeking for this claim is (briefly state the relief sought): _____

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes _____ No If yes, what was the result? _____

Did you appeal that decision? _____ Yes _____ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

Do you want a jury trial? Yes X No _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 1, 2012
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

David Marotta
DAVID MAROTTA 11B0421

Signature(s) of Plaintiff(s)

INSTRUCTIONS FOR << DAVID MAROTTA - MRN: 351932 >>

Thursday, February 09, 2012 - 05:00 PM

Our medical staff appreciates your choosing us for your emergency medical care needs. Read these aftercare instructions carefully. Please call us if you have any questions (518-562-7370 or 562-7381(Fast Track)) about your medical problem. We are here to serve you.

ECC DISCHARGE SUMMARY::

DIAGNOSES: 1. chronic abdominal pain
2. nonspecific chest pain

IMPORTANT LAB/XRAY RESULTS:

1. normal labs
2. normal urine
3. normal chest x-ray
4. no signs of acute heart injury on ekg

If symptoms continue, you should follow-up with a GI specialist. Return to the ED for new, worse, or concerning symptoms.

PATIENT'S SIGNATURE

DATE

ABDOMINAL PAIN:

Your exam has not revealed the exact cause of your abdominal pain. Since stomach pain can be caused by many different things, further exams, lab tests, or x-rays may be needed. You will need to call your doctor or the emergency room at once if you have any of the following symptoms:

- * Increasing pain, especially if it is on the right side.
- * Repeated vomiting or dehydration.
- * A high fever, extreme weakness, or fainting.
- * Black or bloody stools.
- * Bloody urine, frequent or painful urination, or urinary blockage.
- * In women, abnormal bleeding or discharge from the vagina.

You should remain at bed rest until your pain improves. You may drink clear liquids if you are not sick to your stomach. You can increase your activity and begin to eat solid foods as your pain improves. See your doctor or go to the emergency room if your pain is not better in 8-12 hours.

CHEST PAIN - NONSPECIFIC:

Your exam and tests have not identified a specific cause for your chest pain. This type of pain, however, is not usually due to serious heart or lung problems. Most often chest pain of this nature is caused by minor injuries, muscle strains, coughing, irritation of the chest wall tissues, or indigestion. Alcohol, recreational drugs, and emotional upsets can also make this kind of pain worse. Additional lab tests or other studies such as x-rays, an electrocardiogram, stress testing, or cardiac imaging may be needed to determine the cause of your pain if it does not get better.

Most of the time nonspecific chest pain will be much improved within 2-3 days of rest and mild pain medicine. For the next few days avoid physical exertion or any activity that brings on the pain. Do not smoke or drink

3105 Revised (3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

NO CHART**AMBULATORY HEALTH RECORD PROGRESS NOTE**

Name Marotta, David	DIN 11B0421	Date of Birth 9/1/1970	Facility Name Attica
Subjective: Admit from Shoreland SHU to Attica MHL		Last Name Marotta, David	
		DIN 11B0421	Location MHL #9
Objective: IN/OUT ATTCA CORR. FAC.		Date 7/27/11	Time 8¹⁵ pm
Assessment: PPD + 2/11/11		Provider Orders: Meds	
HIV + -		① PPI use 30mg QD	
CXR WNL 2/23/11		② Zantac 300mg qd HS	
MED PROB. (GERD, eczema, ③ notator cuff pain)		③ I sosa bide 15 mg q A.M.	
ALLERGIES NRDA		④ Loxatatin 40mg QD	
MEDS yes			
Plan: HEP A B C + Bs Ag 2/24/11 neg		Scheduled for Colonoscopy 8/3/11 7:00 am at WCH	
VOR + -AR 2/24/11			
MISC			
Signature/Provider # KTARAR		RN Transcribing Order/Provider #/Date/Time Deborah S. Graf RPA-C	
		NYS 005399	
		DEA MG0344539	

Subjective: MHL admit from Shoreland SHU		Last Name Marotta, David	
		DIN 11B0421	Location MHL #9
Objective: Optimal health		Date 7/27/11	Time 8¹⁵ pm
Assessment: CXR 3, ambulatory; NAD, moves upper/lower extremities		Provider Orders:	
able to express needs "I want to be dead"			
CP numbness from prior infection, ④ blood in stool x 6 months			
Plan: Medically cleared for SMHL admit			
Signature/Provider # KTARAR		RN Transcribing Order/Provider #/Date/Time	

Subjective:		Last Name	
		DIN	Location
Objective:		Date	Time
		Provider Orders:	
Assessment:			
Plan:			
Signature/Provider #		RN Transcribing Order/Provider #/Date/Time	

Continue entry into next box if necessary.

3105A (Revised 3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Marotta</u>	DIN <u>11B0421</u>	Date of Birth <u>9-1-70</u>	Facility Name <u>BCTF</u>
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Subjective: SHU sick call Last Name Marotta
 Objective: clo rule pain change DIN 11B0421 Location _____
 Date _____ Time _____
 Provider Orders: _____

Assessment: _____

Plan: Appt in computer to be scheduled

Signature/Provider # M. Marotta RN Transcribing Order/Provider #/Date/Time _____

Subjective: Spill sk clo continued bloody stools Last Name Marotta
 Objective: bloody stools DIN 11B0421 Location _____
 Date 7/26/11 Time 0550
 Provider Orders: _____

Assessment: states constipated has blood in BM request colace

Plan: (1) PO fluids (2) colace (3) colonoscopy 8/3

Signature/Provider # CT Saurh RN Transcribing Order/Provider #/Date/Time 288

Subjective: I/m Anstruced no aspirin Coumadin please molen Last Name Marotta
 Objective: until further notice DIN _____ Location _____
 Date 7/26/11 Time 3:25 p.m.
 Provider Orders: _____

Assessment: * I/m also going out for 10 day and must allie made aware of procedure by J. Nasser per sheet sent to all other papers

Plan: _____

Signature/Provider # C. Tawner RN Transcribing Order/Provider #/Date/Time _____

Continue entry into next box if necessary.

3105A (Revised 3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Marotta David	DIN	11B0421	Date of Birth	01/17/70	Facility Name	Grinnell
Subjective:	Pt. Called down to Infirmary to notify that he is to stop all ASA base products / blood thinner, Coumadin / Plavix as of today 7/11/11. No further			Last Name		Marotta David	
Objective:	Pt. Unhazed his understanding about not taking any of the above medications until MD evaluate			DIN		11B0421	
Assessment:	about			Date		7/11/11	
Plan:	Pt. Unhazed his understanding about not taking any of the above medications until MD evaluate			Time		6:15pm	
Signature/Provider #	[Signature]			RN Transcribing Order/Provider #/Date/Time		11-B-0421 7/11/11	
Subjective:				Last Name		Marotta, D	
Objective:				DIN		11B0421	
Assessment:	Needs 7 day script written for the following			Date		7/22/11	
Plan:	① Omeprazole 20mg TID ② Ranitidine 300mg TID @ bedtime ③ Isoniazide Mono ER 300mg ④ Lovastatin 40mg QD			Time			
Signature/Provider #	[Signature]			RN Transcribing Order/Provider #/Date/Time			
Subjective:	Sick Call			Last Name		Marotta	
Objective:	In bleeding from my rectum, it's not hemorrhoids it's my stomach			DIN		11B0421	
Assessment:	Attempted to reassure & let him know he has upcoming apt to which he came verbally aggressive			Date		7/25/11	
Plan:	Conversation ended.			Time		1:15pm	
Signature/Provider #	[Signature]			RN Transcribing Order/Provider #/Date/Time			

Continue entry into next box if necessary.

3105A (Revised 3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Marotti</u>	DIN <u>1130421</u>	Date of Birth _____	Facility Name <u>GCF</u>
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Subjective:

D/C from infirmary to SHU

Last Name _____

Objective:

✓ in security today

DIN _____

Location _____

Date _____

Time _____

Provider Orders:

Assessment:

Not Admined
 Max 140g OD
 Wellbutrin 150g OD

Plan:

M. J. [Signature]

Signature/Provider # _____

RN Transcribing Order/Provider #/Date/Time _____

Subjective:

SHU Admission

Last Name Marotti

Objective:

NO visible trauma
 NO complaints
 - Advised on sick call

DIN 1130421Location GCFDate 7/2/11Time 1300

Provider Orders:

Assessment:

Plan:

Signature/Provider # _____

RN Transcribing Order/Provider #/Date/Time _____

0418

Subjective:

Threats Hunger Strike

Last Name Marotti

Objective:

"If C.D. can sit there + suddenly
 knows we are tired me" then
~~don't meet then don't see~~
 any more. I can't see legally
 have myself

DIN _____

Location _____

Date 7/2/11Time 1¹⁰ P.M.

Provider Orders:

Left message to
 O.M.H.

Assessment:

AP 112/13-81-16-980

Plan:

Signature/Provider # _____

RN Transcribing Order/Provider #/Date/Time _____

Continue entry into next box if necessary.

3105A (Revised 3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	<u>Marotta</u>	DIN	<u>11B0421</u>	Date of Birth	<u>9/1/70</u>	Facility Name	
Subjective:	(NO chart to review) at times -			Last Name		<u>Marotta, David</u>	
Objective:	<u>O2 - 98% - 10 breathers</u> <u>Brk arms - Exp & inh</u>			DIN		Location	
Assessment:	<u>good muscle tone</u> <u>good ROM @ limits</u> <u>good grip of fingers</u>			Date		<u>7/15/11</u> Time <u>2:30 p</u>	
Plan:	<u>I open arms - felt</u> <u>I T nodes felt</u> <u>Pulses of arms - strong & equal</u> <u>any distress seen</u>			Provider Orders:		<u>1/Balm given</u>	
Signature/Provider #	<u>[Signature]</u>			RN Transcribing Order/Provider #/Date/Time		<u>[Signature]</u>	
Subjective:	<u>still still cl@ am.</u> <u>still cl@ bloody look</u>			Last Name		<u>Marotta</u>	
Objective:	<u>S/P</u>			DIN		<u>11B0421</u> Location	
Assessment:	<u>wants a solution</u>			Date		<u>7/19/11</u> Time	
Plan:	<u>good exam done on 7/15/11</u> <u>ref exam.</u>			Provider Orders:			
Signature/Provider #	<u>[Signature]</u>			RN Transcribing Order/Provider #/Date/Time		<u>2600</u>	
Subjective:	<u>ESC Inmate</u> <u>Came after afternoon</u> <u>C/O office - C/O head</u>			Last Name		<u>Marotta</u>	
Objective:	<u>125/73</u> <u>98-5</u> <u>Pain left shoulder R-18</u> <u>neck pain</u>			DIN		<u>11B0421</u> Location	
Assessment:	<u>No bruise noted - lump</u> <u>on rt side of forehead noted</u>			Date		<u>7/20/11</u> Time <u>8:45</u>	
Plan:	<u>Denies LOC pupils = & reactive</u> <u>Clothing removed by inmate - no</u>			Provider Orders:		<u>problems not</u> <u>OMH called by</u> <u>lt. Baily for</u> <u>harm threat</u> <u>next shift</u> <u>will telemed</u>	
Signature/Provider #	<u>[Signature]</u>			RN Transcribing Order/Provider #/Date/Time			

Continue entry into next box if necessary.

3105A (Revised 3/06)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name <u>Marotta</u>	DIN <u>11B0421</u>	Date of Birth <u>9/1/70</u>	Facility Name <u>GCF</u>
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Subjective: <u>Inmate arrived back at shu from 10 day outcount</u>	Last Name <u>Marotta</u>
	DIN <u>11B0421</u> Location _____
Objective: <u>Inmate appears same</u>	Date <u>8/2/11</u> Time _____
Assessment: <u>talkng very little - no</u>	Provider Orders: _____
Plan: <u>question at the time</u>	

Signature/Provider # <u>HBates RN 402</u>	RN Transcribing Order/Provider #/Date/Time _____
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Subjective: <u>Spill sk @ shoulder pain</u>	Last Name _____
	DIN _____ Location _____
Objective: <u>Shoulder pain</u>	Date <u>8/3/11</u> Time <u>0600</u>
Assessment: <u>Cont to Ch @ shoulder pain wants another shot steroid injection</u>	Provider Orders: _____
Plan: <u>① PRI requested</u>	

Signature/Provider # <u>CitZambr</u>	RN Transcribing Order/Provider #/Date/Time <u>288</u>
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Subjective: <u>How to be transferred reduced hold lifted</u>	Last Name <u>Marotta</u> <u>DAVID</u>
	DIN <u>11B0421</u> Location _____
Objective: <u>He still needs Colonoscopy</u>	Date <u>8/8/11</u> Time <u>9 AM</u>
Assessment: <u>he done - is approved</u>	Provider Orders: _____
Plan: <u>but needs to be rescheduled</u>	

Signature/Provider # <u>Grull NP</u>	RN Transcribing Order/Provider #/Date/Time _____
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Continue entry into next box if necessary.


BioReference
LABORATORIES

D O C T O R	GROVELAND CORRECTIONAL ROUTE 36 SONYE, NY 14558			
	(M7854-1) Bio-Net Print		-FINAL- Original Report 06/16/2011 05:04 AM	
NAME MAROTTA, DAVID		PATIENT I.D. / ROOM NO. 11B0421.10171		DOCTOR / GROUP NAME <i>for later</i> CORNWALL, MICHAEL
LAB I.D. NO.	DATE COLLECTED	DATE RECEIVED	DATE OF REPORT	AGE SEX
103359856	06/15/11 07:21 AM	06/15/2011 23:21	6/17/2011 11:45	40 Y M

Test Description	Result	Abnormal	Reference Range
Triglycerides	128		< 151 mg/dl
HDL CHOL., DIRECT	43		>40 mg/dl
HDL as % of Cholesterol		21	%
Chol/HDL Ratio		4.81	
LDL/HDL Ratio	3.23		0-3.55
LDL Cholesterol		139 HI	< 100

----- * HEMATOLOGY * -----

WBC	7.93	3.40-11.80	x10(3)/uL
RBC	5.12	4.20-5.90	x10(6)/uL
HGB	15.6	12.3-17.0	gm/dL
HCT	46.9	39.3-52.5	%
MCV	91.6	80.0-100.0	fL
MCH	30.5	25.0-34.1	pg
MCHC	33.3	29.0-35.0	gm/dL
RDW	14.3	10.9-16.9	%
POLYS	65.1	36.0-78.0	%
LYMPHS	25.3	12.0-48.0	%
MONOS	8.1	0.0-13.0	%
EOS	1.1	0.0-8.0	%
BASOS	0.3	0.0-2.0	%
IMMATURE GRANULOCYTES	0.1	0.0-1.6	%
PLATELET COUNT	251	144-400	x10(3)/uL
MPV	9.8	8.2-11.9	fL
PTT	30.7	23.6-31.6	sec
PROTIME	10.7	10.4-11.9	sec

NOTE: Please note that effective 8/31/10, the Protime (0137) reference range has been changed.

INTR.NORM.RATIO(INR) 0.96 LO 2.00-3.00

CLINICAL INDICATIONS FOR INR USE

REFERENCE RANGE

Prophylaxis or treatment of venous thrombosis, 2.00 - 3.00
systemic embolization, and pulmonary embolus. (therapeutic range)
High-risk patients with mechanical heart valves. 2.50 - 3.50

NOTE: INR values below 2.00 in patients on warfarin therapy would be considered sub-therapeutic for the above conditions.

Normal subjects NOT treated with warfarin 0.87 - 1.19

Continued on Next Page

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